Bullying: Health and Interventions

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# Abstract

## Introduction

### Statement of the Problem:

Bullying has become a major issue within the school system and school systems have not done all they can to prevent them. It has become a major concern on long-term and short-term health issues. Long-term consequences of being bullied may lead to serious mental health problems, such as depression or suicidal thoughts (Fritz 2006). There is a lack of awareness and adult involvement where this is concerned. Bullying has the tendency to not be a priority until a tragedy such as suicide occurs.

### Review of Related Literature

Bullying unfortunately has been around for centuries and was never taken serious until recently. Bullying is a kind of hostile comportment that can be portrayed as a situation when a student: ‘ is exposed repeatedly and over time, to negative actions on the part of one or more students’ (Olweus, 2003). There is also an imbalance of power favoring the one who is the bully (Olweus, 1993). It happens in classrooms, lunchrooms, playgrounds, unsupervised areas (walks home) and most recently the Internet (Siegle, 2010). Bullying is an unwanted repetitive behavior, which involves hitting, pushing, and verbal abuse. Bullying leads to many dangerous events (Young & Ward, 2011). Children who either join in bullying or observe without trying to stop it reinforce the bully’s behavior (Bauer, Lozano, Rivara, 2007). Bystanders are those that are present when bullying occurs and do nothing to help.

Where do bullies come from and why do they behave aggressively? It is suggested that most bullying characteristics begin in the home. Most bullies come from families that are authoritarian (using physical means of discipline), hostile, not accepting, and inconsistent in discipline (Yerger & Gehret, 2011). Naturally, the children who tend to bully in school often participate in it because there is no feeling of safety at home and they have no outlet to reveal or understand their own emotions much less the emotions of others. Being the bullying gives them that sense of power and control they lack at home. In this case the health of both the victim, who is now overwhelmed with vulnerability and inadequacy and the bully who just acquired control from once feeling inadequate and vulnerable himself are at stake. Recent statistics show that although school violence has decreased 4 percent during the past several years, the existence of behaviors such as bullying has increased by 5 percent between 1999 and 2001 (U.S. Dept. of Ed., 2002).

Today it is believed that bullying affects how we feel and who we become. Of course that is true, nevertheless it also causes an incredible amount of stress, whether it be in our children or those adults around us. Getting to know what bullying is and the symptoms of their victims is vital in our societies method of effectively preventing it. There are negative effects as the victim becomes socially withdrawn, and is overwhelmed with fear and stress. The stress comes as a result of the fear of being injured and offended over and over again in the presence of people (Atlas, 1998). As the victims become socially withdrawn their learning skills are not up to par, resulting in their grades dropping. Being a target for bullies on more than one occasion could most definitely compromise a child’s immune system over time through physiologic processes associated with stress (Vernberg, Nelson, Fonagy, &Twemlow, 2011).

According to Graham and Bellmore (2007), “the problem of bullying is now so serious that the American Medical Association has designated school bullying a public health concern (page 139)”. This is a cause for concern because if these students are ill they will be absent from school and miss out on a lot of valuable information. Unfortunately the more these students are bullied the more there health and education are at risk. Direct victims and bully/victims had significantly more often repeated sore throats, colds or coughs, breathing problems, nausea and poor appetite and were also more likely to be worried about school and make up illnesses to stay home (Wolke, Woods, & Bloomfield, 2001). At the same time one must also wonder to what extent these students are willing to go to protect themselves. If bullying is occurring at school, ten times out of ten the child will do or say what they can to get out of going. Associations were also found between children being bullied not being able to sleep well, bed wetting, feeling sad, increased headaches and bellyaches (Williams, Chambers, Logan, & Robinson, 1996).

Bullying is a learned behavior that can be prevented (Snyder, 2012)! There are several programs and techniques in force to curtail bullying such as the Olweus Bullying Prevention program. The program is not expensive and believes it depends on changing the attitudes, behavior and routines in the school. Everyone must play a role in the intervention in order for there to be a decrease in bullying and it may even prevent new cases of bullying. Very similar to Olweus, Fekkes (2005) discusses the importance of a communication line between the child, parents, teachers, and doctors regarding bullying incidents and teachers need to find a way to deal with bullying effectively. He recommends a whole school approach.

Teachers are believed to play a big part in managing and preventing bullying in schools early in a child’s educational process and should be involved in applying interventions. Many students express that teachers rarely know of the instances where they have been bullied (Kochenderfer-Ladd & Pelletier (2008). Sadly teachers believe they are overwhelmed with work and deadlines that they should not fall under the umbrella of intervention and should be soley the responsibility of the school counselor. Roberts (2011) much like Kochenderfer-Ladd, makes note of how important it is for teachers to be involved in the interventions and how teachers perceive anti-bullying interventions and what role they should play within the different types. What teachers fail to realize is that they have the ability to stop it before it gets out of hand because they spend the majority of the day with them.

Bullying is in need of serious attention in order to prevent further incidents and for the sake of future research (Nansel, Overpeck, Pilla, Ruan,Simons Morton, &Scheidt, 2001). For example, the notion that bullying can be addressed through literature is out there. These books show how adults can become involved, they teach the role of the bystander and the victim’s strategies and how a resolution is formed (Entenman, Murnen, & Hendricks (2005). Good, McIntosh, & Gietz (2011) promote bullying prevention programs and how children with special needs and disabilities can become targets. The author discusses how bullies look for key vulnerabilities in others to bully. The results of the study prove how important and effective bullying prevention programs embedded in preexisting School wide Positive Behavior Support systems (promotes positive and social learning environments) are.

Throughout the course of time, theorists have come up with different ways of thinking and viewing stages in our lives. To name a few, Sigmund Freud and Erik Erikson believed that the ego is responsible for the manner in which human beings behave and their aggressive tendencies (Reimer, 1978). Sigmund Freud considered aggressiveness as common conduct for individuals. He felt that as human beings, we find difficulties identifying with it because it has been bottled-up by the super-ego (Bettelheim, 1967). Introducing these children to various sporting activities can help to provide a secure and conducive environment for them to manage their anger. We don’t teach children how to confront and handle their anger, quite frankly we teach them to keep it under wraps but eventually it spills out producing a product such as bullying.

On another note, Albert Bandura’s social learning theory suggests that children learn good or bad behaviors through observation from their peers, media or their home environment (Touhey, 1975). Bandura also suggested that if aggression were detected early in children, for instance in the case of bullying, then this would steer them away from becoming adult criminals (Touhey, 1975). Most times when children feel bad about themselves either because of a physical defect, a repeated failure, or progressing poorly in school, or a lack of power at home a child turns to be aggression as an alternative to prove himself and therefore achieving, a social rank amongst their peers. Educators should avoid placing the bullies in situations where they feel powerless, like reading out loud knowing the child has speech issues and can promote a sense of shame and failure for the child (Henry, 2004).

The problem with bullying is that many children do not know right from wrong. Kohlberg’s theory is concerned with moral thinking, but there is a huge misunderstanding in knowing what is right and what the children really end up doing. The concept of moral development is based on thinking and logic, not so much on how others may feel. Feelings are very important and should not be put to the back burner because it is what sets these life altering events in motion.

### Statement of the Hypothesis

Integrating an anti-bullying instructional unit to 30 third grade students at PS X in Brooklyn, New York, during the morning for 40 minutes three times a week over a 4-week period will decrease bullying behavior and promote awareness.

## Method

### Participants

The participants will consist of a group of 30 students from P.S. X, a public school in Brooklyn, New York. The class chosen will be a third grade class studying both language arts and health content area. Consent forms will be handed out to all children for their parents to sign. Surveys will be given out before and after unit. I will measure my intervention by using a survey to ask questions such as what bothers you? Do you feel alone? When do you get bullied? Have you been bullied? Where do you feel safe? Who can you count on? Are you being followed?

### Instruments

The students will be observed for 40 minutes, for 3 times a week for a four-week period. I will conduct a survey before and after the unit.

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